

Docket D-2929 CON

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Aoki et al.

Serial No.: 09/845,514

Filed: April 30, 2001

For: MULTIPLE BOTULINUM TOXINS
FOR TREATING
NEUROMUSCULAR DISORDERS
AND CONDITIONS

Examiner: Ford, V.L.

Group Art Unit: 1645

#12
JM
4/16/03Box AF
Commissioner for Patents
Washington, D.C. 20231

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted via facsimile to the Commissioner for Patents, Washington, DC 20231, to fax number 703-872-9307 (TC 1600), on the date indicated below.

Date:

3/13/03

By:

Greg S. Hollrigel

RESPONSE TO JANUARY 13, 2003 OFFICE ACTION

Dear Sir:

Introduction

This is in response to the January 13, 2003 Final Office Action issued by the United States Patent and Trademark Office regarding the above-identified application. A response to the Office Action is due April 13, 2003. This response is being filed within **TWO MONTHS** of the mailing date of the final action. Accordingly, this response is being timely filed.

Please consider the following remarks in response to the January 13, 2003 Office Action:

FORM PTO-1082 (fees 10/95)

AMENDMENT TRANSMITTAL LETTER

Docket: D-2929 CON

In re application of: Aoki et al.

Serial No.: 09/845,514

Examiner: Ford, V.L.

Filed: April 30, 2001

Group Art Unit: 1645

For: MULTIPLE BOTULINUM TOXINS FOR TREATING NEUROMUSCULAR DISORDERS

Fax number 703-872-9307

Box AF
COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is a Response to the January 13, 2003 Office Action including **Exhibit A**, in the above-identified application.

☒ No additional fee is required.

The filing fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	22	MINUS	22	0
INDEP.	6	MINUS	6	0
[] First Presentation of Multiple Dep. Claim				

SMALL ENTITY

RATE	ADDIT. FEE
x 9	0
x 40	0
+135	0

Total
Addit. Fee

0

OTHER THAN
SMALL ENTITY

RATE	ADDIT. FEE
x 18	-0-
x 84	-0-
+270	-0-

Total
Addit. Fee

0

☐ Please charge my Deposit Account No. _____ the amount of \$_____, in payment of a three month extension of time fee and the above claim fees.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 01-0885.

☒ Any additional filing fees required under 37 CFR 1.16.

☒ Any patent application processing fees under 37 CFR 1.17.

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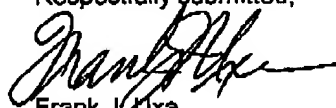
Date:

3/13/03

By:

Gary A. Hoff

Respectfully submitted,



Frank J. Uxa

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